



Bureau of Professional Licensing
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FACILITY MANAGER AFFIDAVIT

Authority: 1978 PA 368

Print or Type Clearly

Facility Manager's Legal Name (First, Middle, Last)	Date of Birth
Wholesale Distributor MiPLUS Application Number (5306XXXXXXAPP21)	Wholesale Distributor Name

R 338.563(2)

For individuals designated as a facility manager, the applicant shall provide the following:

(i) Proof, in the form of an affidavit, that the facility manager has achieved the following:

(A) A high school equivalency education, or higher, defined as 1 of the following:

- (I) A high school diploma.
- (II) A general education development certificate (GED).
- (III) A parent-issued diploma for home schooled individuals.
- (IV) Completion of post-secondary education, including an associate's, bachelor's, or master's degree.

(B) Completion of a training program that includes, but is not limited to, all of the following subjects:

- (I) Knowledge and understanding of laws in this state and federal laws relating to the distribution of drugs and devices.
- (II) Knowledge and understanding of laws in this state and federal laws relating to the distribution of controlled substances.
- (III) Knowledge and understanding of quality control systems.
- (IV) Knowledge and understanding of the USP standards relating to the safe storage and handling of prescription drugs.
- (V) Knowledge and understanding of pharmaceutical terminology, abbreviations, dosages, and format.

(C) Experience equal to either of the following:

- (I) A minimum of 1 year of work experience related to the distribution or dispensing of prescription drugs or devices where the responsibilities included, but were not limited to, recordkeeping.
- (II) Previous or current employment as a designated representative of a wholesale distributor certified by the VAWD of NABP.

Submission Instructions:

Email the completed affidavit to BPLData@michigan.gov or upload the document to your pending application in MiPLUS.

CERTIFICATION AND SIGNATURE

I certify that the statements in this application are true and complete. I also certify that I, as the facility manager for the above-named facility, have the education, training, and experience as required in the Board of Pharmacy Administrative Rules, R 338.563(2).

Print Name of Facility Manager

Signature of Facility Manager

Date